

Amendment No. 1 to SB2978

**Herron
Signature of Sponsor**

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2978*

House Bill No. 3067

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, Part 2 is amended by adding the following as a new section:

68-11-263.

(a) Each facility regulated under this chapter with an annual average daily census of at least twenty-five (25) inpatients based on the most recent JAR public data, where applicable, or an outpatient facility that performs an annual average of twenty-five (25) procedures per day shall join the Center for Disease Control's National Nosocomial Infection Surveillance/National Healthcare Safety Network (NNIS/NHSN) surveillance system within one hundred twenty (120) days of when it becomes open to the facility's type of license in order to unify reporting systems and to benchmark against a national standard. Facilities shall meet data reporting timeframes as required by NHSN and will utilize standard methods including health care acquired case-finding techniques, CDC infection definitions and other relevant terms, and NHSN software for data collection and reporting. Data submitted by the reporting facility shall be reported without any patient identifiers.

(b) Facilities shall grant the Tennessee department of health access to the NHSN database on:

(1) Central line associated bloodstream infections (CLABSI) in intensive care units for hospital specific reporting on the department of health's website. CLABSIs for burn units and Level 1 trauma units are excluded. The department shall disseminate the public reports based on data compiled for a period of twelve (12) months, no sooner than six (6)

months but not later than eight (8) months following the month the facility reports the data. The reports shall be updated every six (6) months with the most recent four (4) quarters of data. The department shall only display facility specific rates for facilities with greater than thirty (30) central line insertions per year.

(2) Surgical site infections for coronary artery bypass grafts (CABG). On surgical site infections for CABG data all facility identifiers will be confidential and may not be released by the department. The department will report only aggregate statewide performance on CABG surgical infection rates.

The department shall maintain the confidentiality of all medical record information abstracted by or reported to the agency. The department shall be granted initial access one (1) year after NHSN becomes open to facilities. Every six (6) months the department will update information posted on the department's website received from the NHSN database authorized for public review.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 11, Part 2 is amended by adding the following as a new section:

68-11-264.

(a) The commissioner of health shall establish a task force in order to clarify the Interpretive Guidelines for Reporting Unusual Events with regard to Class I and Class II surgical site infections. The commissioner shall make appropriate appointments, including a chair, to the task force. The task force shall report to the commissioner on its progress no later than one (1) year after its appointment.

(b)

(1) The committee established by the department of health to report in response to chapter 323 of the Public Acts of 2005 shall continue to meet at least biannually in order to evaluate the reporting of

health care acquired infections and make recommendations to the department and the Tennessee Improving Patient Safety Coalition (TIPS) for improvements in patient safety efforts. The department shall consult with the committee and other bodies and individuals with recognized expertise to determine the manner in which data collected from healthcare facilities in the state shall be publicly reported. The database shall be organized and presented in a manner such that consumers, healthcare organizations, healthcare professionals, purchasers and payers may examine an individual facility's reporting of healthcare associated infection trends, and where available, compare such information to statewide or national benchmarks. As national consensus standards for infection reporting are developed and published, the committee shall review these consensus standards and make additional recommendations. The department shall report to the Tennessee general assembly regarding recommendations for improvement on health care acquired infections and reporting requirements adopted by the subcommittee on infections and the TIPS committee. The report shall include the department's response.

(2) The department of health is authorized to promulgate rules and regulations to update reporting requirements as recommended by the committee.

(3) Information obtained by the department from hospitals and other healthcare providers under the provisions of this act shall not be public information. Reports and studies prepared by the department based upon such information shall be public information and may identify individual health care entities. The department shall not release any patient level data. Data collected and reported pursuant to this act shall not be deemed to have established a standard of care for any purposes

of civil litigation in Tennessee, nor shall data reported pursuant to this act by a specific healthcare facility be utilized in any civil litigation brought in Tennessee against the reporting facility.

SECTION 3. This act shall take effect upon becoming law, the public welfare requiring it.